

Handwritten signature/initials

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/644,395	
	Filing Date	August 19, 2003	
	First Named Inventor	Van Der Vliet	
	Group Art Unit	2874	
	Examiner Name	Wood, Kevin S.	
Total Number of Pages in This Submission		Attorney Docket Number	LIGHT2700

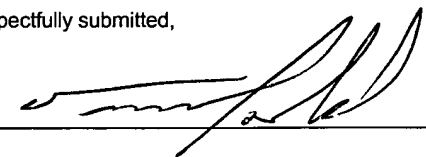
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Authorized  <input checked="" type="checkbox"/> Amendment  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement  Certified Copy of Priority Document(s)  Response to Missing Parts/ Incomplete Application  Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers <i>(for an Application)</i>  Drawing(s)  Licensing-related Papers  Petition to Convert to a Provisional Application  Power of Attorney, Revocation Change of Correspondence Address  Terminal Disclaimer  Request for Refund  CD, Number of CD(s) _____	After Allowance Communication to Group  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>  Proprietary Information  Status Letter  Other Enclosure(s) <i>(please identify below):</i>  <input checked="" type="checkbox"/> Postcard Check for \$180
Remarks _____		

Customer Number or Bar Code Label	<div style="border: 1px solid black; padding: 5px; text-align: center;">(Insert Customer No. or Attach bar code label here)</div>
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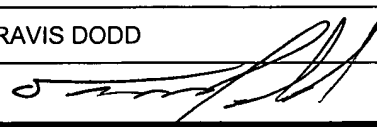
The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-2326. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: 6-21-05

By:   
Attorneys for Applicant(s)

Phone: (760) 731-3091  
Fax: (760) 728-1541

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this <u>6-21-05</u> date:			
Typed or printed name	TRAVIS DODD		
Signature		Date	<u>6-21-05</u>



## FEE TRANSMITTAL

Attorney Docket No.	LIGHT2700
First Named Inventor:	VAN DER VLIET, et al.
Application Number	10/644,395
Filing Date:	August 19, 2003
Examiner Name:	Wood, Kevin S.
Group/Art Unit:	2874

<b>TOTAL AMOUNT OF PAYMENT:</b>	<b>\$ 180.00</b>
<b>METHOD OF PAYMENT (check One)</b>	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:  Deposit Account No.: 502326 Deposit Account Name: Lightcross, Inc.  <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17  2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other

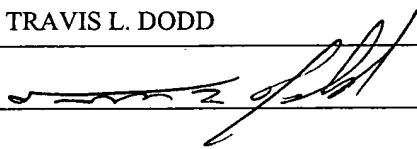
### 2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 740.00	\$370.00	\$ 0.00
Total Claims	22- 34 =	0	X \$ 50.00	X \$ 25.00	\$ 0.00
Independent Claims	2 - 3 =	0	X \$ 200.00	X \$ 100.00	\$ 0.00
Multiple Dependent Claim(s) (if applicable)			\$ 280.00	\$140.00	\$ 000.00
Total of above Calculations =					\$ 0.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 330.00	\$ 165.00	\$ 000.00
Reissue filing fee	\$ 740.00	\$ 370.00	\$ 0.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$ 00.00
Total of above Calculations =			\$ 00.00

### 3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Filing IDS after receipt of Office Action under 37CFR1.97(c).	\$	\$180.00	\$180.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$180.00

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	6-21-03